

1. % of claims processed requiring no manual adjudication (First pass clean claims)  
91%
2. % of claims denied  
30%
3. % of claims rejected - rejected claims are not captured in IndianaAIM as processed claims.
4. Top 10 deny edits - For the purpose of this report, edits reported are applied based on data contained on the incoming claim only.

558	COINSURANCE AND DEDUCTIBLE AMOUNT MISSING
2017	RECIPIENT INELIGIBLE ON DATE(S) OF SERVICE DUE TO
202	BILLING PROVIDER I.D. IN INVALID FORMAT
2510	MEMBER ELIG FOR MEDICARE B/D
232	RENDERING PHYS NUMBER NOT IN VALID FORMAT
2505	RECIPIENT COVERED BY PRIVATE INSURANCE(W/ ATTACHMT
593	MEDICARE DENIED DETAIL
1004	RENDERING PROVIDER NOT ELIG TO RENDER SVS ON DOS
4021	PROCEDURE CODE VS PROGRAM INDICATOR
4095	NONSURGICAL SERVICES ARE NOT REIMBURSED INDIVIDUAL

5. Top 10 deny audits - For the purpose of this report, audits reported are applied based on paid claims in history.

5001	EXACT DUPLICATE
5008	SUSPECT DUPE - HEADER
6096	THE CPT/HCPCS CODE BILLED IS NOT PAYABLE
6900	OUTPATIENT MENTAL HEALTH SERVICES MORE THAN 20/YEA
6803	TRANSPORTATION: ONE-WAY TRIP IN EXCESS OF TWENTY
6809	CONTRA CARAFATE VS. PEPTIC ULCER AUDIT
5000	POSSIBLE DUPLICATE
6807	PROTON PUMP INHIBITORS (PHPPI) REQUIRES PRIOR AUTH
6808	LIMIT, ACETAMINOPHEN 325MG, 9.3 PER DAY
5010	EXACT DUPLICATE - TOOTH SURFACE

6. Top 10 Suspense edits
 

589	ADJUSTMENT VERIFICATION
6000	MANUAL PRICING REQUIRED
512	CLAIM PAST FILING LIMIT
385	SPENDDOWN DATE SAME AS DOS
386	SPENDDOWN DATE SAME AS DATE OF SERVICE
401	NET CHARGE IS MISSING
1042	CERTIFICATION CODE IS MISSING-MEDICAID SELECT
2503	RECIPIENT COVERED BY MEDICARE B, D (W/ ATTACHMENT)
545	CLAIM PAST FILING LIMIT
1003	BILLING PROVIDER NOT ENROLLED AT SVC LOC FOR DOS

7. Average number of claims in inventory (considering inventory as being claims in suspense)  
15,000 - 17,000
8. Total number of paper claims processed.  
2,326,917
9. Total number of electronic claims processed.

34,205,549

Number of calls connected to Customer Assistance Unit (by subject area)

Customer Assistance Statistics 2006 Calendar Year	2/9/2007
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Member Hotline	85,849
Provider Enrollment Line	36,738
Pharmacy Line	30,501
Package C Premium Line	22,415
M.E.D. Works Premium Line	4,578
First Steps Provider Line	10,503
First Steps Member Line	6,693

Provider Eligibility Inquiries via Provider Customer Assistance Line 9,359

Automated Voice Response (AVR) 1,089,320

Number of Providers and % of Clients by Program Type

Table 1

Provider Type	Billing, Group, Dual Classification	Rendering Classification	Total Enrollment
<b>Active Providers by Type and Classification</b>			
01 Hospital	827	*	827
02 Ambulatory Surgical Center	144	*	144
03 Extended Care Center	1,013	*	1,013
04 Rehabilitation Facility	31	*	31
05 Home Health Agency	184	*	184
06 Hospice	75	*	75
08 Clinic	667	*	667
09 Advanced Practice Nurse	93	2,046	2,139
11 Mental Health Provider	676	501	

Table 2

Provider Type	Billing, Dual, Group Classification
<b>Total Terminations by Type and Classification</b>	
01 Hospital	4
02 Ambulatory Surg Center	1
03 Extended Care	6
04 Rehabilitation facility	-
05 Home Health	13
06 Hospice	1
08 Clinic	5
09 Advanced Practice Nurse	8
11 Mental Health	-

			1,177
12 School Corporation	296	*	296
13 Public Health Agency	31	*	31
14 Podiatrist	196	170	366
15 Chiropractor	590	184	774
16 Nurse	*	67	67
17 Therapist	443	1,225	1,668
18 Optometrist	480	435	915
19 Optician	36	*	36
20 Audiologist	46	137	183
21 Case Manager	337	532	869
22 Hearing Aid Dealer	40	*	40
24 Pharmacy	1,666	*	1,666
25 DME/Medical Supply Dealer	1,046	*	1,046

12 School Corporation	-
13 Public Health Agency	10
14 Podiatrist	10
15 Chiropractor	39
16 Registered Nurse	
17 Therapy	16
18 Optometrist	28
19 Optician	8
20 Audiologist	3
21 Case Manager	6
22 Hearing Aid Dealer	-
24 Pharmacy	108
25 DME/Medical Supply Dealer	13

**Table 3**

Recertification by Provider Types	Billing, Group, Dual Classification	Rendering Classification
01 Hospital	52	
03 Extended Care Center	2	
04 Rehabilitation Facility	1	
09 Advanced Practice Nurse	3	3
11 Mental Health Provider	1	
15 Chiropractor	2	
17 Therapist	1	
25 DME/Medical Supply Dealer	2	
26 Transportation Provider	27	
28 Laboratory	2	
31 Physician	19	14
<b>Totals by Classification</b>	<b>112</b>	<b>17</b>
<b>Grand Total Non-Recertified Providers</b>	<b>129</b>	

**Table 4**

Member Count Per Program	Volume Per Program
Membership with an eligibility end date greater than D 2006	
Medicaid Program Membership	912,393
ARCH Program Membership	448
590 Program Membership	1,269
Package C Membership	35,760
<b>Current Membership Total</b>	<b>949,870</b>
Membership count through out time, both end dated and current	2,425,490

This table represents providers who failed to extend their eligibility in 2006. The providers can be reinstated at a later date through provision of the appropriate forms and supporting documents. The providers did not request a termination of their provider agreement; however, their provider agreement expired at some point during 2006. They were notified about the need to recertify 60 days prior to their eligibility expiration date.

Percentages: 50% are out-of-state providers; 32.80% are Indiana providers; and 17.20% are located in IFSSA (contiguous) counties.